PTO/SB/17 (12-04v2)
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Effective on 12/08/2004.						Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL					7 (ppinedilari) (terrisco			09/974,827			
								October 12, 2	October 12, 2001		
For FY 2006									tsushi YOKOYAMA		
FOI FI 2000						Examiner Name An			ndrew C.C. Lee		
Applicant claims small entity status. See 37 CFR 1.27					Attorne			2616			
TOTAL AMOUNT OF PAYMENT (\$) 0						Attorney Docket No. 31581-1758					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILING FEES SE/ Small Entity							IATION FEES Small Entity			
Application Ty	<u>ype</u> <u>Fee</u>		ee (\$)	Fee (\$)			Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Utility		00	150	500	25	_	200	100			
Design		00	100	100	5	-	130	65			
Plant	20	00	100	300	15		160	80			
Reissue		00	150	500	25		600	300			
Provisional	20	00	100	0		0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)											
Fee Description Each claim over 20 (including Reissues)									50	25	
Each independent claim over 3 (including Reissues)									200	100	
Multiple dependent claims									360	180	
Extra											
Total Claims Fee (\$) Fee Page 1						iid (\$) Multiple Dependent Claims					
	20 or HP	_ ×	_ = _			_	<u>Fe</u>	e (\$)	Fee Paid (<u>\$)</u>	
HP = highest number of total claims paid for, if greater than 20.											
Indep. Claims	Extra Claims	Fee (\$)	Fee P	aid (\$)						
	3 or HP =	_ x _ <u></u>	<u>*/</u>	1001	<u>u.u.(v)</u>						
HP = highest number of total claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.10(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
	- 100 =								=		
- 100 = /50 (round up to a whole number) x 4. OTHER FEE(S)									Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing											
surcharge):		<u> </u>	Amendm	ent Afte	r Final Re	ejectio	on			0	
SUBMITTED BY Registration No. 54 262 Talaphana (202) 344 4000											
Signature	Signature Kavita B. Lepping Name (Print/Type) Kavita B. Lepping						54,262	Telephone	(202) 3	44-4000	
Name (Print/Type)	Kavita B. Lepp	oing d						Date	July 5	5, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this puttern, should be sent to the Chief Information Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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